City and County of San Francisco

Department of Public Health



Edwin M. Lee Mayor

Barbara A. Garcia, MPA Director of Health

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Barbara A. Garcia, MPA Director of Health		
DATE:		October 18, 2016		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Accept and Expend Grant - National HIV Behavioral Surveillance -San Francisco- \$558,933		
Attached please find the original and 2 copies of each of the following:				
	Proposed gr	roposed grant resolution, original signed by Department		
	Grant information form, including disability checklist -			
	Budget and Budget Justification			
	Grant application: Not Applicable. No application submitted.			
\boxtimes A	Agreement / Award Letter			
	Other (Explain):			
Special Timeline Requirements:				
Departmental representative to receive a copy of the adopted resolution:				
Name:	Richelle-Ly	nn Mojica	Phone: 255-3555	
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.				
Certified copy required Yes ☐ No ⊠			No 🖂	